

FCC Form 525
High Cost Mechanism
Competitive Carrier Line Count Report

FCC Form 525
OMB Control No. 3060-0986
January 2005

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING FCC FORM 525 ON ITS OWN BEHALF:

Certification of Officer or Employee as to the Accuracy of the Data Reported in FCC Form 525, Line Count Report for Competitive Carriers, on Behalf of Reporting Carrier				
I certify that I am an officer or employee of the reporting carrier; my responsibilities include ensuring the accuracy of the actual line count data reported on FCC Form 525; and, to the best of my knowledge, the information reported on this form is accurate.				
Name of Reporting Carrier: HTC Communications, LLC				
Service Provider Identification Number: 143032610				
Signature of authorized officer or employee: CERTIFIED ONLINE				Date: 07/31/2008
Printed name of authorized officer or employee: M. O'Neal Miller, Jr.				
Title or position of authorized officer or employee: CFO				
Telephone number of authorized officer or employee: (843) 369-8316 ext.				
Study Area Code of Reporting CETC	249004	Filing Due Date for this form (mm/dd/yyyy)	06/30/2008	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communication Acts of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.				

FCC Form 525
High Cost Support Mechanism
Competitive Carrier Line Count Report

FCC Form 525
OMB Control No. 3060-0986
January 2005

NOTICE: Sections 54.307(b) and 54.802(a) of the Federal Communications Commission's rules requires all competitive eligible telecommunications carriers to provide line count information to USAC, the universal service Administrator, in order to be eligible to receive support. Pursuant to Sections 54.307(c) and 54.802(a), this information must be submitted by support mechanism on a quarterly basis in accordance with the incumbent carrier's line count reporting schedule. This collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. §254. The data in the form will be used to calculate the amount of support, if any, that each reporting carrier is eligible to receive from the High Cost support mechanisms.

We have estimated that each response to this collection of information will take, on average, 5 hours. Our estimate includes the time to read the instructions, look through existing records, gather and maintain the required data, and actually complete and review the form or response. If you have any comments on this estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Washington, D.C. 20554, Paperwork Reduction Project (3060-0986). We also will accept your comments via the Internet if you send them to Judith-B.Herman@fcc.gov. Please DO NOT SEND COMPLETED DATA COLLECTION FORMS TO THIS ADDRESS.

Remember -- You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid Office of Management and Budget (OMB) control number. This collection has been assigned an OMB control number of 3060-0986.

The Commission is authorized under the Communications Act of 1934, as amended, to collect the information we request in this form. We will use the information that you provide to determine High Cost support amounts for competitive eligible telecommunications carriers. If we believe there may be a violation or potential violation of a statute or a Commission regulation, rule, or order, your form may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation, or order. In certain cases, the information in your form may be disclosed to the Department of Justice, court, or other adjudicative body when (a) the Commission; (b) any employee of the Commission; or (c) the United States government, is a party to a proceeding before the body or has an interest in the proceeding.

If you do not provide the information we request on this form, you are not eligible to receive support under the High Cost support mechanisms, 47.C.F.R. §§ 54.307 and 54.802.

The foregoing Notice is required by the Paperwork Reduction Act of 1995, P.L. No. 104-13, 44 U.S.C. § 3501, et seq.

Attachment 3



On The Line For You Every Day

April 11, 2008

USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street, N.W. Suite 200
Washington, DC 20036

COPY

I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC- Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number _____

Signature _____

Date _____

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive- Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

HORRY TELEPHONE COOPERATIVE, INC. / HTC COMMUNICATIONS, LLC

Post Office Box 1820 / Conway, South Carolina 29528-1820 / (843) 365-2151 / FAX: (843) 365-1111 / INTERNET: www.htcinc.net

FCC Form 498

Approval by OMB 3060-0824

Service Provider Identification Number and Contact Information Form

Estimated Average Burden Hours Per Response: 1.5 hours

FCC Form 498 is used to collect contact, remittance, and payment information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same General Contact information for all their program and remittance data collected for each of the four support mechanisms, or multiple remittance addresses. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements on their behalf. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Please read instructions, located at: <http://www.universalservice.org/forms>, before beginning this application.

☒ Original Application for SPIN

Please check one box below.

☐ Revision to existing Form 498 on file with USAC

(Requests for revisions to an existing Form 498 must be signed by the General Contact or an officer of the company.)

Service Provider Identification Number (SPIN)

(To be inserted by USAC for first time applicants. Required for subsequent revisions.)

--	--	--	--	--	--	--	--	--	--

See Instruction Section III.A

499 Filer ID

306994

(Must be indicated if your company is required to file the FCC form 499)

Block 1: General Company Information [All Fields REQUIRED]

See Instruction Section III.B

1 HTC Communications, LLC

Company Name

2 HTC Communications, LLC

Name Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 3480 Hwy. 701 North

Street Address

4

Address Line 2

5 Conway

City

6 SC

State

7 29526

Zip Code

Block 2: General Contact Information [All Fields REQUIRED]

See Instruction Section III.C

The General Contact should be an officer of the company authorized to make certifications on behalf of the company with respect to the support mechanisms. Only the General Contact listed below can change the remittance information for any of the four support mechanisms. For revisions, if the current General Contact is no longer available, the letter of certification must: State the name of the former contact; state that the contact is no longer available or has left the organization; state the name of the new contact; and be signed by an officer of the company.

8 Sherri

Middle Initial: 0

Last: Jones

9 Director

General Company Contact Person Name

Title

10 (843) 369-3386

Phone Number

Ext.

11 (843) 365-1999

Fax Number

12 3480 Hwy. 701 North

Street Address

13

Address Line 2

14 Conway

City

15 SC

State

16 29526

Zip Code

17 Sherri.jones@htcinc.net

E-mail Address of General Contact-Used for Return Confirmations

Block 3: Federal Employer Identification Number [All Fields REQUIRED]

18 65-127-1508

Enter Federal Identification Number, or Tax ID Number.

19 ☐ Corporation

☐ Partnership

☒ Other

(Check applicable corporate structure.)

This page is for High Cost Support Mechanism participants only.
For more information about the High Cost Support Mechanism, please refer to:
www.universalservice.org/hc/

**Block 4: High Cost Support Mechanism Banking and Remittance
Payment Information**

See instruction Section III.E

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 30 to 32.

20 <u>HTC Communications, LLC</u>			
Remittance Company Name			
21 First: <u>Joni</u>	Middle Initial:	Last: <u>Jordan</u>	22 <u>Accountant</u>
Remittance Contact Name- Checks will be sent to Remittance Contact's attention			Title
23 <u>P.O. Box 1820</u>			
Remittance Address			
24			
Address Line 2			
25 <u>Conway</u>	26 <u>SC</u>	27 <u>29528-1820</u>	
City	State	Zip Code	
28 <u>(843) 369-8138</u>	29 <u>(843) 365-1999</u>		
Phone Number	Ext	Fax Number	
30			
Remittance Bank for ACH or locked box transfer of funds			
31 <input type="checkbox"/>	32 <input type="checkbox"/>		
Bank Account Number for ACH	ACH Bank Transit Number (must be nine digits)		
33 <u>joni.jordan@htcinc.net</u>			
E-mail Address of Remittance Contact (Required if participating in the High Cost Support Mechanism)			
<input checked="" type="checkbox"/> Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address)			

Block 5: Company Contact for High Cost Support Mechanism

See instruction Section III.F

☒ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.

34 First:	Middle Initial:	Last:	35
Contact Name for High Cost Support Mechanism			Title
(Must be a company employee or designated representative)			
36			
Contact Address for High Cost Support Mechanism			
37			
Address Line 2			
38	39	40	
City	State	Zip Code	
41 ()	42 ()		
Phone Number	Ext	Fax Number	
43			
E-mail Address of Contact			

This page is for Low Income Support Mechanism participants only.
For more information about the Low Income Support Mechanism, please refer to:
www.universalservice.org/li/

Block 6: Low Income Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.G

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact Information (Block 2) and continue on to lines 54-56.

44 <u>HTC Communications, LLC</u>			
Remittance Company Name			
45 First: <u>Joni</u>	Middle Initial:	Last: <u>Jordan</u>	46 <u>Accountant</u>
Remittance Contact Name- Checks will be sent to Remittance Contact's attention			Title
47 <u>P.O. Box 1820</u>			
Remittance Address			
48			
Address Line 2			
49 <u>Conway</u>	50 <u>SC</u>	51 <u>29528 - 1820</u>	
City	State	Zip Code	
52 <u>(843) 369-8138</u>	53 <u>(843) 365-1999</u>		
Phone Number	Ext	Fax Number	
54			
Remittance Bank for ACH or locked box transfer of funds			
55 <input type="text"/>	56 <input type="text"/>		
Bank Account Number for ACH		ACH Bank transit Number (must be nine digits)	
57 <u>joni.jordan@htcinc.net</u>			
E-mail Address of Remittance Contact (Required if participating in the Low Income Support Mechanism)			
<input checked="" type="checkbox"/> Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address)			

Block 7: Company Contact for Low Income Support Mechanism

See Instruction Section III.H

☒ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

58 First:	Middle Initial:	Last:	59
Contact Name for Low income Support Mechanism			Title
(Must be a company employee or designated representative)			
60			
Contact Address for Low Income Support Mechanism			
61			
Address Line 2			
62	63	64	
City	State	Zip Code	
65 ()	66 ()		
Phone Number	Ext	Fax Number	
67			
E-mail Address of Contact			

This page is for Rural Health Care Support Mechanism participants only.
For more information about the Rural Health Care Support Mechanism, please refer
to: www.rhc.universalservice.org/

**Block 8: Rural Health Care Support Mechanism Banking and Remittance
Payment Information**

See Instruction Section III.I

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 78-80.

68	Remittance Company Name		
69	First:	Middle Initial:	Last: 70
	Remittance Contact Name- Checks will be sent to Remittance Contact's attention		Title
71	Remittance Address		
72	Address Line 2		
73	City	74 State	75 Zip Code
76	()	77 ()	
	Phone Number	Ext	Fax Number
78	Remittance Bank for ACH or locked box transfer of funds		
79	Bank Account Number for ACH		80 ACH Bank transit Number (must be nine digits)
81	E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Support Mechanism)		
<input type="checkbox"/> Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address)			

Block 9: Company Contact for Rural Health Care Support Mechanism

See Instruction Section III.J

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 10.

82	First:	Middle Initial:	Last: 83
	Contact Name for Rural Health Care Mechanism - (Must be a company employee or designated representative)		Title
84	Contact Address for Rural Health Care Support Mechanism		
85	Address Line 2		
86	City	87 State	88 Zip Code
89	()	90 ()	
	Phone Number	Ext	Fax Number
91	E-mail Address of Contact		

This page is for Schools and Libraries Support Mechanism participants only.
For more information about the Schools and Libraries Support Mechanism, please
refer to: www.sl.universalservice.org/

**Block 10: Schools & Libraries Support Mechanism Banking and
Remittance Payment Information**

See Instruction Section III.K

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 102-104.

92	Remittance Company Name			
93	First:	Middle Initial:	Last:	94
	Remittance Contact Name- Checks will be sent to Remittance Contact's attention			Title
95	Remittance Address			
96	Address Line 2			
97	City	98 State	99 Zip Code	
100	()	101 ()		
	Phone Number	Ext	Fax Number	
102	Remittance Bank for ACH or locked box transfer of funds			
103	Bank Account Number for ACH		104	ACH Bank Transit Number (must be nine digits)
105	E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Support Mechanism)			
	<input type="checkbox"/> Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address)			

Block 11: Company Contact for Schools and Libraries Support Mechanism

See Instruction Section III.L

☐ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 12.

106	First:	Middle Initial:	Last:	107
	Contact Name for Schools and Libraries Mechanism (Must be a company employee or designated representative)			Title
108	Contact Address for Schools and Libraries Support Mechanism			
109	Address Line 2			
110	City	111 State	112 Zip Code	
113	()	114 ()		
	Phone Number	Ext	Fax Number	
115	E-mail Address of Contact			

Block 12: Netting Disbursement Payments Against Federal Universal Service Contribution Obligations

See Instruction Section III.M

In accordance with FCC rule Part 54.515, USAC will offset service provider Schools and Libraries Support Mechanism payments against the provider's Federal universal service contribution obligation at the provider's request. In addition, the Rural Health Care Support Mechanism distribution FCC rule Part 54.611, states that service provider Rural Health Care Support Mechanism payments must be netted; this is mandatory for participation in the Rural Health Care Support Mechanism. ONLY telecommunications companies that have their FCC Form 499 Filer ID number may participate. If you provide telecommunications services and do not have an FCC Form Filer ID number, visit www.universalservice.org/forms and select FCC Form 499. This is NOT required in order to be issued a SPIN.

- 116 ☐ Yes, I want my Schools and Libraries Support Mechanism disbursement payments to offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets.
The default is "No."

Block 13: Principal Communications Business Code [REQUIRED Field]

See Instruction Section III.N

CAP - Competitive Access Provider/ Competitive Local Exchange Carrier	OTHM - Other Mobile
CEL - Cellular/PCS/SMR	OTHT - Other Toll
DAT - Wireless Data	PAG - Paging/Messaging
ISP - Internet Service Provider	PAY - Payphone Service Provider
IXC - Interexchange Carrier	PRE - Pre-paid Card
LEC - Incumbent Local Exchange Provider	PRIV - Private Sector Provider
LRES - Local reseller	SAT - Satellite
NTP - Non-Traditional Provider	SMR - SMR dispatch
OSP - Operator Service	TEN - Shared Tenant Service Provider
OTHL - Other Local	TRES - Toll Reseller

Choose ONE code from the list above.

Enter Here.

CAP

Block 14: Authorized Contact Signature [All Fields REQUIRED]

See Instruction Section III.O

I understand that both the General Contact and an officer of the company must sign below for a new SPIN application. Only the General Contact or an officer of the company is authorized to make revisions to an existing FCC Form 498. No other persons are permitted to make changes to this information. I certify that I am authorized to submit this FCC Form 498 on behalf of the above-named service provider, and certify to the best of my knowledge that data set forth in this form is true, accurate, and complete. Incomplete information or incorrect filling of this form will result in it being returned to the General Contact and the form will not be processed. A certification letter on company letterhead must be attached with the FCC Form 498 (Found on page 19 of instructions). Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Signature of General Contact

First: Sherri Middle Initial: O Last: Jones

Printed Name

Title Director - Corporate Accounting

Signature of the Company Officer 

First: M. O'Neal Middle Initial: Last: Miller, Jr.

Printed Name

CFO

Title

April 11, 2008

Date

sherri.jones@htcinc.net

E-mail address

April 11, 2008

Date

oneal.miller@htcinc.net

E-mail address

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

HTC Communications, LLC

Business name, if different from above

Check appropriate box: ☐ Individual/
Sole proprietor ☐ Corporation ☐ Partnership ☒ Other **LLC**

☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

P O Box 1820

City, state, and ZIP code

Conway, SC 29528

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

or

Employer identification number
6 5 1 2 7 1 5 0 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person

Samela D. Huch

Date

5-18-06

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Attachment 4

Jordan, Joni

From: Jones, Sherri
Sent: Monday, April 21, 2008 3:58 PM
To: Jordan, Joni
Cc: Gerrald, Crystal
Subject: FW: 498 SPIN Rejection

Joni,

Can you put this together, please.

Thanks
Sherri

From: BCD Customer Service [mailto:bcd.customerservice@usac.org]
Sent: Monday, April 21, 2008 3:23 PM
To: Jones, Sherri
Subject: 498 SPIN Rejection

Company Name: HTC Communications, LLC
SPIN: New
Reference # PM191633

Dear Sherri O. Jones,

We have received your request for a new Service Provider Identification Number (SPIN). We are unable to process your application for the following reason(s):

1. Block 4 Line 23 and Block 6 Line 47: P.O. Boxes are not permitted as the primary street address.
2. Block 14, General Contact signature is missing. This is required for new SPIN requests.

In order to process your request you will need to submit a new application and certification letter to the address below.

USAC
Attn: Form 498
2000 L Street NW
Suite 200
Washington, DC 20036

The FCC form 498 is located on the USAC website: <http://forms.universalservice.org>
The instructions and certification letter for the FCC form 498 are available here: <http://www.universalservice.org/sl/tools/required-forms.aspx>

Please contact the Customer Support Center at 888-641-8722, option 3 for any assistance with this form.

Thank you,

USAC Billing, Collections and Disbursements
Customer Support Center

4/25/2008

Attachment 5



On The Line For You Every Day

April 28, 2008

USAC Billing and Disbursement
Attn: FCC Form 498
2000 L Street, N.W. Suite 200
Washington, DC 20036

COPY

I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC- Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number:

Signature

A handwritten signature in black ink, appearing to read 'M. O'Neal Miller, Jr.', written over a horizontal line.

Date

4/28/08

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive- Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

HORRY TELEPHONE COOPERATIVE, INC. / HTC COMMUNICATIONS, LLC

Post Office Box 1820 / Conway, South Carolina 29528-1820 / (843) 365-2151 / FAX: (843) 365-1111 / INTERNET: www.htcinc.net

This page is for High Cost Support Mechanism participants only.
For more information about the High Cost Support Mechanism, please refer to:
www.universalservice.org/hc/

**Block 4: High Cost Support Mechanism Banking and Remittance
Payment Information**

See Instruction Section III.E

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 30 to 32.

20 HTC Communications, LLC
Remittance Company Name
21 First: Joni Middle Initial: Last: Jordan 22 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title
23 3480 Hwy. 701 North
Remittance Address
24
Address Line 2
25 Conway 26 SC 27 29526
City State Zip Code
28 (843) 369-8138 29 (843) 365-1999
Phone Number Ext Fax Number
30
Remittance Bank for ACH or locked box transfer of funds
31 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ 32 ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Bank Account Number for ACH ACH Bank Transit Number (must be nine digits)
33 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the High Cost Support Mechanism)

☒ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 5: Company Contact for High Cost Support Mechanism

See Instruction Section III.F

☒ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 6.

34 First: Middle Initial: Last: 35
Contact Name for High Cost Support Mechanism Title
(Must be a company employee or designated representative)
36
Contact Address for High Cost Support Mechanism
37
Address Line 2
38 39 40
City State Zip Code
41 () 42 ()
Phone Number Ext Fax Number
43
E-mail Address of Contact

This page is for Low Income Support Mechanism participants only.
For more information about the Low Income Support Mechanism, please refer to:
www.universalservice.org/li/

**Block 6: Low Income Support Mechanism Banking and Remittance
Payment Information**

See Instruction Section III.G

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines 54-56.

44 HTC Communications, LLC
Remittance Company Name
45 First: Joni Middle Initial: Last: Jordan 46 Accountant
Remittance Contact Name- Checks will be sent to Remittance Contact's attention Title
47 3480 Hwy. 701 North
Remittance Address
48
Address Line 2
49 Conway 50 SC 51 29526
City State Zip Code
52 (843) 369-8138 53 (843) 365-1999
Phone Number Ext Fax Number
54
Remittance Bank for ACH or locked box transfer of funds
55
Bank Account Number for ACH 56
ACH Bank transit Number (must be nine digits)
57 joni.jordan@htcinc.net
E-mail Address of Remittance Contact (Required if participating in the Low Income Support Mechanism)

☒ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 7: Company Contact for Low Income Support Mechanism

See Instruction Section III.H

☒ Check this box if this information is the same as the General Contact information (Block 2) and continue on to Block 8.

58 First: Middle Initial: Last: 59
Contact Name for Low Income Support Mechanism Title
(Must be a company employee or designated representative)
60
Contact Address for Low Income Support Mechanism
61
Address Line 2
62 63 64
City State Zip Code
65 () 66 ()
Phone Number Ext Fax Number
67
E-mail Address of Contact

This page is for Rural Health Care Support Mechanism participants only.
For more information about the Rural Health Care Support Mechanism, please refer
to: www.rhc.universalservice.org/

**Block 8: Rural Health Care Support Mechanism Banking and Remittance
Payment Information**

See Instruction Section III.I

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact information (Block 2) and continue on to lines # 78-80.

68 Remittance Company Name			
69 First:	Middle Initial:	Last:	70
Remittance Contact Name- Checks will be sent to Remittance Contact's attention			Title
71 Remittance Address			
72 Address Line 2			
73	74	75	
City	State	Zip Code	
76 ()	77 ()		
Phone Number	Ext	Fax Number	
78			
Remittance Bank for ACH or locked box transfer of funds			
79		80	
Bank Account Number for ACH		ACH Bank transit Number (must be nine digits)	
81			
E-mail Address of Remittance Contact (Required if participating in the Rural Health Care Support Mechanism)			

☐ Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements
(If you do not check this box, your remittance statements will be sent to your e-mail address)

Block 9: Company Contact for Rural Health Care Support Mechanism

See Instruction Section III.J

☐ Check this box if this information is the same as the General Contact Information (Block 2) and continue on to Block 10.

82 First:	Middle Initial:	Last:	83
Contact Name for Rural Health Care Mechanism -			Title
(Must be a company employee or designated representative)			
84			
Contact Address for Rural Health Care Support Mechanism			
85			
Address Line 2			
86	87	88	
City	State	Zip Code	
89 ()	90 ()		
Phone Number	Ext	Fax Number	
91			
E-mail Address of Contact			

This page is for Schools and Libraries Support Mechanism participants only.
For more information about the Schools and Libraries Support Mechanism, please
refer to: www.sl.universalservice.org/

Block 10: Schools & Libraries Support Mechanism Banking and Remittance Payment Information

See Instruction Section III.K

Remittance information is the address to which USAC will send payments.

☐ Check this box if this information is the same as the Company Name (Block 1) and General Contact Information (Block 2) and continue on to lines # 102-104.

92 Remittance Company Name			
93 First:	Middle Initial:	Last:	94
Remittance Contact Name- Checks will be sent to Remittance Contact's attention			Title
95 Remittance Address			
96 Address Line 2			
97 City	98 State	99 Zip Code	
100 ()	101 ()		
Phone Number	Ext	Fax Number	
102 Remittance Bank for ACH or locked box transfer of funds			
103		104	
Bank Account Number for ACH		ACH Bank Transit Number (must be nine digits)	
105 E-mail Address of Remittance Contact (Required if participating in the Schools and Libraries Support Mechanism)			
<input type="checkbox"/> Check this box if you are requesting mailed paper copy statements instead of electronic remittance statements (If you do not check this box, your remittance statements will be sent to your e-mail address)			

Block 11: Company Contact for Schools and Libraries Support Mechanism

See Instruction Section III.L

☐ Check this box if this information is the same as the General Contact Information (Block 2) and continue on to Block 12.

106 First:	Middle Initial:	Last:	107
Contact Name for Schools and Libraries Mechanism (Must be a company employee or designated representative)			Title
108 Contact Address for Schools and Libraries Support Mechanism			
109 Address Line 2			
110 City	111 State	112 Zip Code	
113 ()	114 ()		
Phone Number	Ext	Fax Number	
115 E-mail Address of Contact			

Block 12: Netting Disbursement Payments Against Federal Universal Service Contribution Obligations

See Instruction Section III.M

In accordance with FCC rule Part 54.515, USAC will offset service provider Schools and Libraries Support Mechanism payments against the provider's Federal universal service contribution obligation at the provider's request. In addition, the Rural Health Care Support Mechanism distribution FCC rule Part 54.611, states that service provider Rural Health Care Support Mechanism payments must be netted; this is mandatory for participation in the Rural Health Care Support Mechanism. ONLY telecommunications companies that have their FCC Form 499 Filer ID number may participate. If you provide telecommunications services and do not have an FCC Form Filer ID number, visit www.universalservice.org/forms and select FCC Form 499. This is NOT required in order to be issued a SPIN.

- 116 ☐ Yes, I want my Schools and Libraries Support Mechanism disbursement payments to offset against my Federal universal service contribution obligations. This box must be checked in order to receive offsets. The default is "No."

Block 13: Principal Communications Business Code [REQUIRED Field]

See Instruction Section III.N

CAP - Competitive Access Provider/ Competitive Local Exchange Carrier	OTHM - Other Mobile
CEL - Cellular/PCS/SMR	OTHT - Other Toll
DAT - Wireless Data	PAG - Paging/Messaging
ISP - Internet Service Provider	PAY - Payphone Service Provider
IXC - Interexchange Carrier	PRE - Pre-paid Card
LEC - Incumbent Local Exchange Provider	PRIV - Private Sector Provider
LRES - Local reseller	SAT - Satellite
NTP - Non-Traditional Provider	SMR - SMR dispatch
OSP - Operator Service	TEN - Shared Tenant Service Provider
OTHL - Other Local	TRES - Toll Reseller

Choose ONE code from the list above.

Enter Here.

CAP

Block 14: Authorized Contact Signature [All Fields REQUIRED]

See Instruction Section III.O

I understand that both the General Contact and an officer of the company must sign below for a new SPIN application. Only the General Contact or an officer of the company is authorized to make revisions to an existing FCC Form 498. No other persons are permitted to make changes to this information. I certify that I am authorized to submit this FCC Form 498 on behalf of the above-named service provider, and certify to the best of my knowledge that data set forth in this form is true, accurate, and complete. Incomplete information or incorrect filling of this form will result in it being returned to the General Contact and the form will not be processed. A certification letter on company letterhead must be attached with the FCC Form 498 (Found on page 19 of instructions). Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, as amended, 47 U.S.C. secs. 220(e), 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.


Signature of General Contact

4/28/08
Date

First: Sherri Middle Initial: O. Last: Jones
Printed Name

Director - Corporate Accounting
Title

sherri.jones@htcinc.net
E-mail address


Signature of the Company Officer

4/28/08
Date

First: M. O'Neal Middle Initial: Last: Miller, Jr.
Printed Name

CEO
Title

oneal.miller@htcinc.net
E-mail address

Request for Taxpayer Identification Number and Certification

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)

HTC Communications, LLC

Business name, if different from above

Check appropriate box: ☐ Individual/
Sole proprietor

☐ Corporation

☐ Partnership

☒ Other ▶ **LLC**

☐ Exempt from backup
withholding

Address (number, street, and apt. or suite no.)

P O Box 1820

City, state, and ZIP code

Conway, SC 29528

List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

| | | + | | | |

or

Employer identification number

6 | 5 | 1 | 2 | 7 | 1 | 5 | 0 | 8

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here

Signature of
U.S. person ▶

Ramela D. Buckner

Date ▶

5-18-06

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Attachment 6



On The Line For You Every Day

May 21, 2008

USAC Billing and Disbursement
Attn: FCC From 498- Yolanda French
2000 L Street, N.W. Suite 200
Washington, DC 20036

COPY

I wish to request a new SPIN from USAC:

HTC Communications, LLC's wireless subsidiary has recently been designated as a CLEC- Eligible Telecommunications Carrier by the state of South Carolina. As required by the FCC, we are requesting a new SPIN be assigned.

I certify that I have provided the information on the attached Service Provider identification Number and Contact Information Form and to the best of my knowledge, information and belief, all information contained in this is true and that said form is an accurate statement of the affairs of the above-named provider.

Service Provider Number:

Signature

Date May 21, 2008

Printed name of Authorized person: M. O'Neal Miller, Jr.

Title or position of authorized person: Chief Executive- Financial Operations

Reason for New SPIN: Recently approved as a CETC in the state of South Carolina

HORRY TELEPHONE COOPERATIVE, INC. / HTC COMMUNICATIONS, LLC

Post Office Box 1820 / Conway, South Carolina 29528-1820 / (843) 365-2151 / FAX: (843) 365-1111 / INTERNET: www.htcinc.net

FCC Form 498

Approval by OMB 3060-0824

Service Provider Identification Number and Contact Information Form

Estimated Average Burden Hours Per Response: 1.5 hours

FCC Form 498 is used to collect contact, remittance, and payment information for service providers that receive support from the Federal universal service support mechanisms. For greater flexibility, this form allows service providers to use the same General Contact information for all their program and remittance data collected for each of the four support mechanisms, or multiple remittance addresses. Please report any changes to this information on a revised FCC Form 498 to prevent any delays in notification and the timeliness of disbursements on their behalf. Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

Please read instructions, located at: <http://www.universalservice.org/forms>, before beginning this application.☒ Original Application for SPIN

Please check one box below.

☐ Revision to existing Form 498 on file with USAC

(Requests for revisions to an existing Form 498 must be signed by the General Contact or an officer of the company.)

Service Provider Identification Number (SPIN)

(To be inserted by USAC for first time applicants. Required for subsequent revisions.)

See Instruction Section III.A

499 Filer ID

806994

(Must be indicated if your company is required to file the FCC form 499)

Block 1: General Company Information [All Fields REQUIRED]

See Instruction Section III.B

1 HTC Communications, LLC

Company Name

2 HTC Communications, LLC

Name Company is Doing Business As (DBA) or Formerly Known As (FKA)

3 3480 Hwy. 701 North

Street Address

4

Address Line 2

5 Conway

City

6 SC

State

7 29526

Zip Code

Block 2: General Contact Information [All Fields REQUIRED]

See Instruction Section III.C

The General Contact should be an officer of the company authorized to make certifications on behalf of the company with respect to the support mechanisms. Only the General Contact listed below can change the remittance information for any of the four support mechanisms. For revisions, if the current General Contact is no longer available, the letter of certification must: State the name of the former contact; state that the contact is no longer available or has left the organization; state the name of the new contact; and be signed by an officer of the company.

8 First: Sherri

Middle Initial: O.

Last: Jones

9 Director

General Company Contact Person Name

Title

10 (843) 369-8386

Phone Number

Ext.

11 (843) 365-1999

Fax Number

12 3480 Hwy. 701 North

Street Address

13

Address Line 2

14 Conway

City

15 SC

State

16 29526

Zip Code

17 Sherri.jones@htcinc.net

E-mail Address of General Contact-Used for Return Confirmations

Block 3: Federal Employer Identification Number [All Fields REQUIRED]

18 65-127-1508

Enter Federal Identification Number, or Tax ID Number.

19 ☐ Corporation☐ Partnership☒ Other

(Check applicable corporate structure.)